ADENO VIRUS CONJUNCTIVITIS
SURVEILLANCE PROTOCOL FOR ONTARIO HOSPITALS

Developed by the Ontario Hospital Association and the
Ontario Medical Association
Joint Communicable Diseases Surveillance Protocols Committee

Approved by:
The OHA and The OMA Board of Directors
The Ministry of Health and Long-Term Care –
The Minister of Health and Long-Term Care

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Adenovirus Conjunctivitis Surveillance Protocol for Ontario Hospitals

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This protocol was developed jointly by the Ontario Hospital Association and the Ontario Medical Association to meet the requirements of the Public Hospitals Act 1990, Revised Statutes of Ontario, Regulation 965. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital. The communicable disease program is to include the tests and examinations set out in any applicable communicable disease surveillance protocol. The regulation states that the communicable disease surveillance protocols that hospitals must adopt are those "published jointly by the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) and approved by the Minister (of Health and Long-Term Care)."

This Protocol has been reviewed since the previous version; changes have been highlighted in yellow for easy identification. Protocols are reviewed on a regular basis, every two years or as required.

The protocol reflects clinical knowledge, current data and experience, and a desire to ensure maximum cost effectiveness of programs, while protecting health care workers and patients. It is intended as a minimum standard that is practical to apply in most Ontario hospital settings. It does not preclude hospitals from adopting additional strategies that may be indicated by local conditions.
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Rationale For Adenovirus Conjunctivitis Surveillance Protocol

Conjunctivitis (“pink eye”) may be caused by a variety of bacteria and viruses, but adenovirus is a primary cause of outbreaks of conjunctivitis in health care settings. Nosocomial outbreaks occur primarily in eye clinics/offices, but have also been described in other settings, including neonatal intensive care units and long-term care homes. Both patients and health care workers (HCWs) may acquire and transmit adenovirus during these outbreaks.

As this protocol is directed primarily to conjunctivitis due to adenovirus, differentiation from bacterial and other viral causes is important. Onset of adenovirus conjunctivitis is typically sudden with pain, and associated with watery discharge, photophobia, blurred vision, low grade fever, malaise, and preauricular lymphadenopathy. Corneal infiltrates may interfere with vision for weeks to months; in severe cases, permanent scarring may result.

Preauricular lymphadenopathy is absent in bacterial conjunctivitis and serves as a distinguishing feature. Bacterial conjunctivitis usually presents with muco-purulent or purulent discharge and crusting.

The incubation period of adenovirus conjunctivitis is from 4 to 12 days, with viral shedding from the late incubation period to 14 days after onset. Transmission is by direct contact with infectious eye secretions or indirect contact with contaminated surfaces, instruments or solutions. Adenovirus may survive on surfaces for prolonged periods. Trauma, even minor, or eye manipulation will increase risk of infection. At present, there is no effective antiviral therapy available.

It is essential that environmental cleaning and disinfection protocols be followed strictly when dealing with adenovirus conjunctivitis. Details of environmental cleaning and disinfection can be found in Provincial Infectious Disease Advisory Committee’s (PIDAC) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.

This protocol is only one component of an infection prevention and control program; HCWs must consistently adhere to Routine Practices.
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I. Purpose

The purpose of the protocol is to provide direction to hospitals to prevent transmission of adenovirus conjunctivitis between health care workers (HCWs) and patients.

II. Applicability

This protocol applies to all persons carrying on activities in the hospital, including but not limited to employees, physicians, nurses, contract workers, students, post-graduate medical trainees, researchers and volunteers. The term health care worker (HCW) is used in this protocol to describe these individuals. This protocol does not apply to patients or residents of the facility or to visitors.

When training students or hiring contract workers, the hospital must inform the school/supplying agency that the school/agency is responsible for ensuring that their student/contractors are managed according to this protocol.

This protocol is for the use of the Occupational Health Service (OHS) in hospitals. It is expected that OHS collaborate with Infection Prevention and Control and other departments, as appropriate.

III. Pre-placement

HCWs should be advised to report symptoms of conjunctivitis to OHS.

IV. Continuing Surveillance

There is no need for routine screening of any persons carrying on activities in the hospital.

V. Exposure

Adenovirus conjunctivitis is transmitted by direct or indirect contact of ocular mucous membranes with infectious eye secretions, via contaminated hands or contaminated equipment, objects or solutions.

Work Restrictions
There are no work restrictions for exposed, asymptomatic HCWs.

VI. Acute Disease

Infected HCWs should be instructed to:
- clean hands after contact with eye secretions
- avoid touching eyes
- not share articles that might come in contact with eyes, e.g. wash cloths, towels, makeup, eye drops, pillows, glasses
- clean potentially contaminated surfaces

Work Restrictions

HCWs with adenovirus conjunctivitis should not provide patient care from the time of onset of conjunctivitis in an eye for a period of 14 days after onset. If the second eye becomes infected, HCWs should not provide patient care for a period of 14 days after onset of the conjunctivitis in the second eye.

HCWs with purulent conjunctivitis caused by other microorganisms should be restricted from patient care for the duration of symptoms and instructed on proper hand hygiene.

Infected HCWs may continue to provide non-patient care duties, provided good hand hygiene is practiced.
All HCWs must be cleared through OHS before returning to work.

VII. Reporting

Adenovirus conjunctivitis is not reportable to the local Medical Officer of Health for the purposes of the Health Protection and Promotion Act (HPPA).

In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide written notice within 4 days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or has filed a claim with the Workplace Safety and Insurance Board (WSIB) with respect to an occupational illness, to the:
- Ministry of Labour,
- Joint Health and Safety Committee (or health and safety representative), and
- trade union, if any.

Occupationally acquired infections are reportable to the WSIB.
References


